

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531908

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		2				
4		2				
5	/					
6	/					
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
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27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0	1			
35		0	1			
36		0		/		
37		0		/		
38		0		/		
39		0		/		
40		0		/		
41		0		/		
42		0		/		
43		0		/		
44		0		/		
45		0		/		
46		0		/		
47		0		/		
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.	4	0	2	0	0	0
TOTAL DEP.	31	0	39	0	0	0
TOTAL CLAIMS	35	0	41	0	0	0

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
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95						
96						
97						
98						
99						
100						
TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0